



Subcontractor Site Specific Safety Plan

Subcontractor: _____ Project: _____

Scope of Work/Work Activities to be Performed:

Anticipated Hazards:

Protective and/or Preventive Measures to be taken:

Clothing & Equipment:

Procedures:

Emergency Procedures:

General Emergency Procedure:

Hospital Location:

Nearest Clinic Location:

Emergency Phone Numbers:

Competent Person Designation:

Location of First Aid Kit:

Name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____